





Global Epidemiological update

COVID-19 deaths crossed the 2 million mark and more than 96 million people have been infected across the globe. Number of cases declined the past week but deaths have increased from previous weeks. Western Mediterranean region, Africa and Western Pacific regions have reported increase in number of cases (WHO situation reports). USA, Brazil and United Kingdom reported the maximum cases.

SARS COV 2 Variants continue to be reported in more countries

The VOC202012/01 first detected in UK have been reported in 60 countries till date. The 501Y.V2 variant has been detected in 23 countries and a new variant named P.1 variant has been detected in Brazil. The WHO has convened global meetings on the emerging variants of SARS COV 2 to improve surveillance and control measures.

THE GLOBAL RACE TO END THE PANDEMIC THROUGH VACCINES

More than **60 million doses** have been administered across the globe as per Bloomberg COVID-19 Vaccine tracker in 55 countries including India. **In the first week, India has vaccinated more than 10 lakh Health care workers (10,43, 534) by two vaccines- COVISHIELD and COVAXIN.**

USA, CHINA, EU and UK have administered the maximum number of doses till date but Israel has inoculated the maximum doses per 100 people (37/100 people) (source: Bloomberg)

Vaccination offers the safest way to cut short the pandemic and reduce mortality. The need for vaccination is more urgently felt in the threat of emergence of many SARS COV 2 Variants as more transmission will lead to emergence of more variants which are poorly understood. The goal is to achieve maximum immunity of the population through vaccines and maintenance of COVID-19 appropriate behaviors at the same time.

Participating in the #LargestVaccineDrive



PRINCIPAL DIRECTOR, H&FW NAGALAND



MISSION DIRECTOR, NHM, NAGALAND

KNOW YOUR COVID-19 VACCINES

As of date at least 7 COVID-19 vaccines are available for public use across the world. COVID-19 vaccines were developed in a record time for a variety of reasons as:

Enormous investments (capital and human resources) globally in a short amount of time without much financial risk as the threat was felt across all countries.

Scientists have already been working for years on the mRNA technology and the viral vector technology in anticipation of the next big pandemic or 'disease x' and COVID-19 arrived. The coronavirus itself has been studied for years.

Under 'accelerated development', different phase of clinical trials was done parallel thus ensuring no time was wasted (which would have taken years) and ensuring no phases of pre or clinical trial or any safety criteria was compromised.

Two Vaccines (COVISHIELD & COXAVIN) are currently approved for use in India

Product	Indian Manufacturer	Collaborator	Technology Used	Efficacy	Safety
COVISHIELD (Nagaland has received COVISHIELD for the first phase)	Serum Institute of India, Pune	AstraZeneca, University of Oxford	Viral vector Uses ChAdOXI viral vector from the harmless common cold adenovirus from Chimpanzee to deliver only the genetic sequence of SARS COV 2 SPIKE protein to the body thereby eliciting an immune response. This technology had been tested for at least 10 years in diseases like MERS, Ebola.	More than 70% efficacy. WHO has maintained that a vaccine with 50 % efficacy is acceptable in a pandemic as such	The vaccine has undergone all pre-clinical and clinical phases and is already use in 5 other countries including in our state.
COVAXIN	Bharat Biotech, Hyderabad	ICMR, India	COVAXIN is an indigenous vaccine developed in India by Bharat Biotech using a whole virion inactivated / Killed SARS COV 2 virus. This is an old established technology used in vaccines like diphtheria, pertussis in children and influenza.	Initial clinical trials have shown good immunogenicity. The paper from Lancet quotes, "ours is the only reported inactivated COVID-19 vaccines inducing cell mediated responses and humoral neutralizing antibodies"	The vaccine from initial clinical trials has proven to be very safe and is already in use among health care workers in other states of the country. Dr V.K Paul, Chairman of National Expert Group on COVID-19 vaccination was vaccinated by COVAXIN.

ADVERSE EVENTS FOLLOWING IMMUNISATION:

As with all other vaccines and injectables, a small fraction of the beneficiaries will experience mild fever, pain at injection site, body ache, lethargy, head ache etc which will subside in a day or two or with medicines like paracetamol. These symptoms are just the body reacting to the vaccine and is normal. The same is observed even in routine Immunization of children. No long term side effects are expected as these vaccines are proven established technologies. Both vaccines do not have the live virus and will not cause infection too.

DOSES AND PROTECTION:

Everyone will receive **two doses of the vaccine 28 days apart.** The full protection of the vaccine will be seen only after 42 days from the first dose. **This necessitates the need for COVID-19 appropriate behaviors even after receiving the vaccine.**

WHO SHOULD NOT RECEIVE THE VACCINE?

- a. Anyone with history of anaphylactic or allergic reaction to previous dose of COVID-19 vaccine.
- b. History of immediate or delayed onset allergic reaction / anaphylaxis to vaccines or other injectable therapies, pharmaceutical products, food items etc.
- c. Pregnant and lactating women
- d. Below 18 years of age
- e. Those having ACTIVE COVID-19 infection
- f. COVID-19 patients who have received immunotherapy
- g. Those who are acutely unwell and hospitalized for any medical condition.
- *Pregnant mothers, lactating mothers and those below 18 years of age are not recommended for the COVID-19 vaccine since no clinical trials have been done for the mentioned categories and age groups. It is out of abundant precaution.

EVERYONE APART FROM THE MENTIONED EXCEPTIONS SHOULD EAGERLY TAKE THE VACCINE WHEN THE TIME COMES (INCLUDING COVID-19 RECOVERED PATIENTS)

Global | National | Regional | State

Covid 19 Case	s Confirmed cases	Deaths	Death Rate
World	9,62,67,473	20,82,745	2.16%
India	1,06,25,428	1,53,032	1.44%
N.E. India	3,32,223	2,254	0.68%
Nagaland	12,072	78	0.65%

As on 22 January 2021

In the past week:

World: 44,51,382 cases and 95,874 deaths.

India: 97,745 cases and 1,114 deaths.

Nagaland: 33 cases and 0 deaths.

North Eastern States As on 22 January 2020

State	Total Cases	No of Deaths	Death Rate
Assam	2,16,940	1,077	0.50 %
Tripura	33,325	390	1.17 %
Manipur	28,938	367	1.27 %
Meghalaya	13,721	146	1.06 %
Sikkim	6,062	131	2.16 %
Nagaland	12,072	78	0.65 %
Arunachal Pradesh	16,816	56	0.33 %
Mizoram	4,349	9	0.21 %
Total	3,32,223	2,237	0.68 %

Covid-19 Vaccination in Nagaland for healthcare workers

District	Total Vaccinated
Kohima	823
Dimapur	784
Mokokchung	655
Zunheboto	435
Mon	418
Phek	375
Wokha	367
Peren	255
Tuensang	180
Longleng	114
Kiphire	74
State	4,480

In the first week of COVID-19 Vaccination, the state has vaccinated 4480 health care workers (Doctors, nurses and support staff) across eleven districts by the COVISHIELD Vaccine led by Principal Director, HFW and Mission Director, NHM.

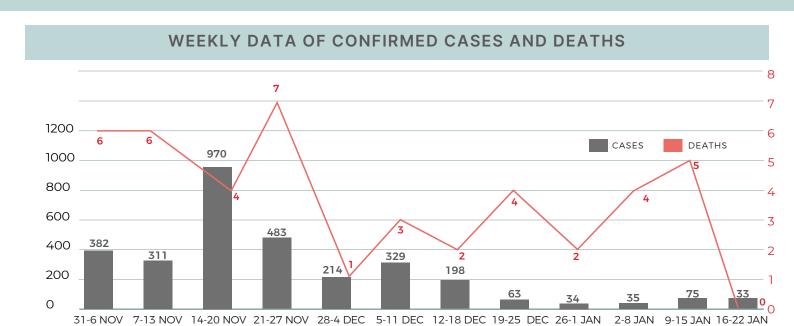
No adverse events were reported which needed medical management.

Monday, Tuesday and Wednesday are COVID-19 vaccination days in the state.

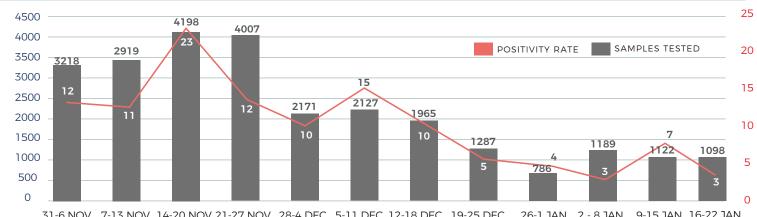
(Source UIP, DHFW, Kohima)

CONFIRMED CASES (weekly data)

33 confirmed cases this week



WEEKLY DATA ON SAMPLE TESTING & SAMPLE POSITIVITY RATE



31-6 NOV 7-13 NOV 14-20 NOV 21-27 NOV 28-4 DEC 5-11 DEC 12-18 DEC 19-25 DEC 26-1 JAN

CONFIRMED CASES THIS WEEK

Age Group	Cases	%
Traced Contacts	17	52
Armed forces/ Security	8	24
Travelers	8	24
Frontline workers	0	0
TOTAL	33	100%

75% of samples were tested by Rapid Antigen Test in the past week.

Test Type	No of tests	%
BSL 2-3	72,945	59
Truenat	37,038	30
RAT	13,823	11
TOTAL	1,23,806	100%

COVID DEATHS

Total Deaths: 78

Median Age: 55 yrs

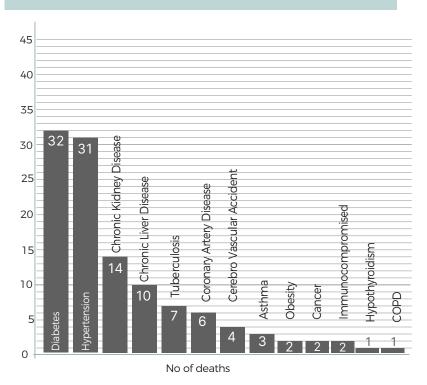
Range: 24 - 90 yrs

Gender: Males 72%

Deaths with comorbidities: 85%

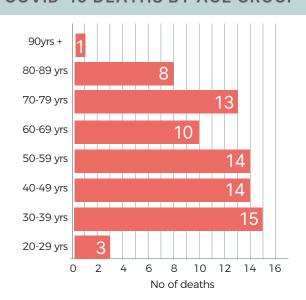
All COVID-19 deaths are certified by the state death committee as per ICMR and WHO ICD 10 guideline.

DEATHS (ASSOCIATED COMORBIDITIES)



Multiple comorbidities are associated with a single patient.

COVID-19 DEATHS BY AGE GROUP



59% deaths are below 60 years.

Most common affected age group is 40-49 and 30-39-year age groups.

Most common comorbidities: Diabetes & Hypertension

Going back to our normal lives safely will need discipline and maintenance of COVID-19 appropriate behaviors like wearing mask, washing hands frequently and maintaining physical distancing along with vaccination of the population till and when a certain level of Immunity is achieved in the population.

VACCINES AND COVID-19 APPROPRIATE BEHAVIOURS ARE OUR SAFEST ROUTE BACK TO THE NORMAL LIVES!

Isolate, get yourself tested and get help if you have any covid-19 like symptoms or if you come in contact with a positive case. Let us protect ourselves and the vulnerable people in the community by being more careful and responsible. Let us all adopt COVID-19 appropriate behaviours during this crucial time.

CONTACT TRACING

34,450 contacts have been traced by surveillance teams

DISTRIBUTION OF POSITIVE TRACED CONTACTS BY AGE-GROUP & OCCUPATION

Age Group	Cases	Percentage
0.1-10	338	7
11 -20	643	13
21-30	1280	26
31-40	1246	25
41-50	752	15
51-60	441	9
61-98	297	6
TOTAL	4,997	100%

Occupation/Place of infection	Cases	Percentage
Household contacts	1443	29
Government employees	1154	23
Students	939	19
Self employed	784	16
Unemployed	198	4
Prison contacts	138	3
Teachers	71	1
Migrant workers	69	1
Convent contacts	62	1
Church contacts	34	0.7
Bank Staff	28	0.6
Bakery/Restaurant employee	24	0.5
Shelter home	18	0.4
Taxi Drivers	18	0.4
Media persons	7	0.1
NGO staff	7	0.1
Symptomatic/ Pre-op/Travel	745	15
TOTAL	4,997	100%

Gender	Cases	
Female	1981	40
Male	3016	60
TOTAL	4,997	

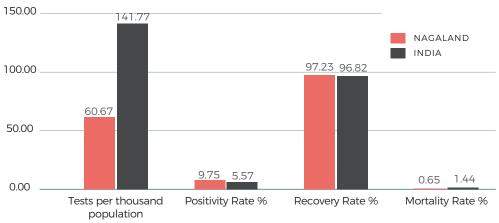
Among the traced contacts, the most affected age group is 21-30 years at 26% (1280/4997) followed by 31-40 years at 25% (1246/4997). Among them, 60% (3016/4997) are males.

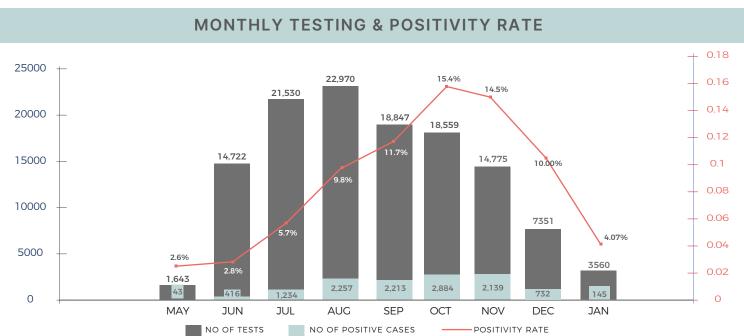
The uncontrolled spread among the age group of 21-40 years is increasing risk in the higher age groups.

Positivity rate among household contacts 29% (1443/4997) continue to remain followed by government employees at 23% (1154/4997) and students at 19% (939/4997).

The positivity rate among symptomatic/ pre-op screening/ travel purposes coming to Flu clinics continue to remain high at 15% (745/4997) which is worrisome.

TESTING, POSITIVITY, RECOVERY AND MORTALITY RATES

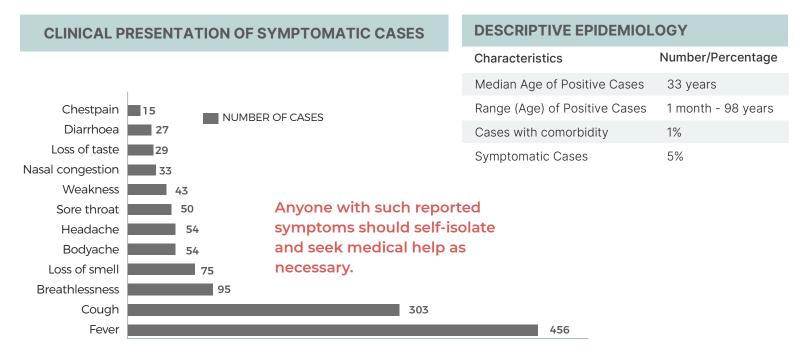




DATA AS ON 22 JANUARY 2021

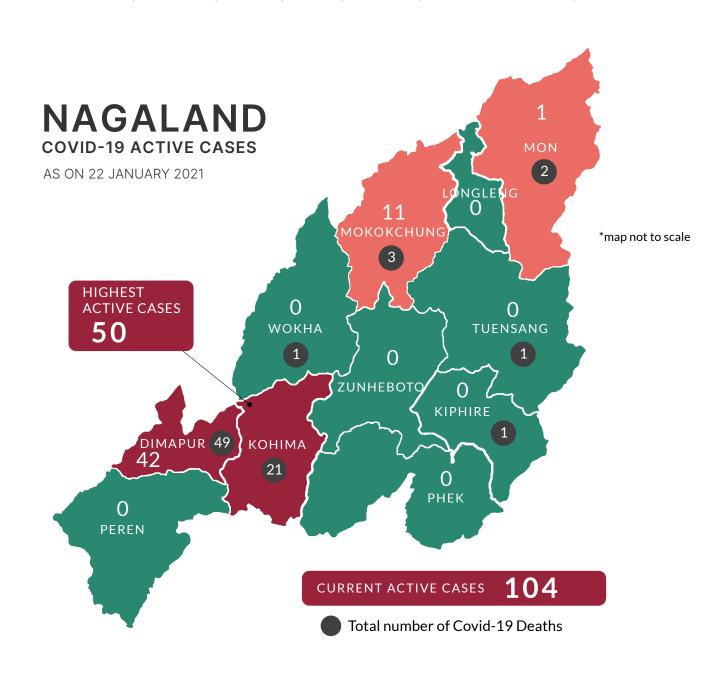
CATEGORIZATION OF TOTAL CONFIRMED CASES

Total confirmed cases till date: 12,072



DISTRICT DISTRIBUTION OF ACTIVE CASES AND SAMPLING

District	Total Cases	Active Cases	Deaths	Samples Tested	Tests per thousand population	Positivity Rate
Kohima	3777	50	21	36059	130	10.5 %
Dimapur	6462	42	49	49561	127	13.0 %
Mokokchung	191	11	3	4854	24	3.9 %
Mon	605	1	2	12883	50	4.7 %
Kiphire	41	0	1	1150	15	3.6 %
Longleng	19	0	0	1210	23	1.6 %
Peren	504	0	0	5923	61	8.5 %
Phek	47	0	0	2974	18	1.6 %
Tuensang	245	0	1	5487	27	4.5 %
Wokha	39	0	1	1566	9	2.5 %
Zunheboto	142	0	0	2139	15	6.6 %
Nagaland	12,072	104	58	1,23,806	61	9.8 %



If you develop any signs and symptoms of

COUGH, FEVER OR DIFFICULTY IN BREATHING

Call the State Health Helpline Number immediately: 1800-345-0019

THE PUBLIC IS THE FIRST LINE OF DEFENSE!
ADHERE TO GOVERNMENT ADVISORIES AND STAY UPDATED.

AVOID the 3 C's







CLOSE-CONTACT SETTINGS



CONFINED OR ENCLOSED SPACES

FOLLOW the 3 W's



WEAR MASK



WASH HANDS



WATCH DISTANCE

Contact us: nlssu.idsp@nic.in, pddhfw@gmail.com, warroomnagaland@gmail.com



www.covid19.nagaland.gov.in

www.nsdma.nagaland.gov.in









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